

Committed Caring Faith Communities

Code of Ethics

Missouri Recovery Support Service Providers

This code of ethics embodies the knowledge, professionalism, and compassion that is essential for staff, volunteers, and consultants in their service to clients with alcohol or other drug dependence and their family members. It stresses respect and protection of the welfare of all clients. The code of ethics is designed to safeguard the integrity of the recovery support relationship. In addition, it encourages recovery support providers to actively engage in networking to access and develop community resources as well as advocate for positive change in policies and in the public's perception of addiction and recovery. To help ensure that recipients of recovery support services receive the highest possible quality of care, we, as members of the recovery support service network, agree to adhere to the following code of ethics.

Standards of Conduct

1. INTEGRITY

The ability of clients to sustain their recovery depends to a great degree on the quality of their recovery support services. Recovery support providers who deliver services in a trustworthy manner with honesty, sincerity, and consistency help create an environment that is conducive to recovery. Therefore, integrity is the cornerstone of the provision of effective recovery support services. Integrity involves adherence to moral and ethical principles, and it represents the heart and soul of the standards of conduct described in this code of ethics.

A. Compliance with laws and regulations governing alcohol and other drug treatment and recovery support services

1. Recovery support staff, volunteers, and consultants shall adhere to and follow all laws and regulations that may affect their positions and responsibilities to the best of their ability for the good order of society and for the protection of the vulnerable.

B. Use of alcohol or other drugs by staff in the recovery environment

1. Staff, volunteers, and consultants shall abstain from the non-medical use of any mood-altering chemicals while on the job or while providing volunteer services for the recovery service program and will abstain from all illegal substances.
2. Staff, volunteers, and consultants shall report an employer, supervisor, colleague, addiction professional, or other service provider who engages in the non-medical use of mood-altering chemicals or illegal substance to the person's immediate supervisor or appropriate state agency.
3. Staff, volunteers, and consultants should expect his or her employer to intervene if and/or when personal problems begin to adversely affect their professional performance with clients and co-workers.

C. Sexual misconduct

1. Staff, volunteers, and consultants shall not engage in **any** form of sexual contact or behavior with clients or their immediate family members or guardians.

2. Except in situations in which spouses or significant others supervise one another, supervisors shall not engage in sexual conduct with a staff member, volunteer, or consultant during the period that employment or the supervisory relationship exists.

D. Solicitation

1. Staff, volunteers, and consultants shall not receive commissions, gratuities, or any other forms of remuneration for a client referral for recovery support services; or covertly or overtly imply or state that the client remains indebted to the staff, volunteer, or consultant and should "repay" him or her through gifts or other favors.
2. Staff, volunteers, and consultants shall not deny recovery support services to the clients because they choose not to make contributions, gifts, or donations to a recovery support provider organization. Clients may freely choose to make contributions, gifts, or donations to a recovery support service organization.

E. Misrepresentation

1. Staff, volunteers, and consultants shall not engage in misrepresentation of professional qualifications, certification, accreditation, credentialing, affiliations, employment experience, or education. Plagiarism of materials or falsification of reference materials is prohibited.
2. Staff, volunteers, and consultants shall not use a title or designation, false name, ordination, credential or license, organization name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist.
3. Staff, volunteers, and consultants shall not produce, publish, create, or participate in the creation of any false, fraudulent, deceptive, or misleading advertisement.

F. Malpractice

1. Staff, volunteers, and consultants shall not perform services, modalities or techniques outside of their area of training, expertise, competence, or scope of practice. An appropriate consultation or referral shall be made when the client's problem is **beyond** his or her area of training, expertise, competence, or scope of practice.

2. NON-DISCRIMINATION

- A. The organization, staff, volunteers, and consultants shall respect diversity among colleagues and clients and will not participate in or tolerate discrimination on the basis of age, gender, sexual orientation, color, national origin, socio-economic status, ethnic/racial background, religious/spiritual beliefs*, marital status, political beliefs, psychiatric or psychological impairment or mental/physical disability, the length of previous recovery, or the number of treatment episodes. Programs shall treat all clients with fairness, impartiality, and personal dignity and shall attempt to relate to all clients with empathy, compassion, and understanding to the greatest extent possible despite their diagnosis or personal history.

* Pursuant to sections 702(a) and 703(e)(2) of the Civil Rights Act of 1964, faith-based organizations may invoke religious exemptions as it applies to employment practices.

- B. The recovery support provider will explain the services and their inclusion of the Bible, Torah, Koran, or other religious documents in its faith-based program which will allow the client to choose the recovery support provider that best fits his/her needs.

3. CONFIDENTIALITY

- A. All clients should be informed of his/her rights regarding confidentiality.
- B. Staff, volunteers, and consultants shall be obligated to preserve all client confidences and refrain from revealing confidential information obtained as a result of the staff-client relationship, except as may be authorized by the client by written consent or required or authorized by law (e.g., when client is a risk to himself/herself or others).
- C. Staff, volunteers, and consultants shall follow the federal confidentiality regulations (42 CFR Part 2) related to the release of alcohol and drug abuse records. In addition, all organizations that have determined to be a covered entity as defined by HIPAA (Health Insurance Portability and Accountability Act) shall adhere to the policies and procedures that the HIPAA privacy rule requires for each covered entity.

42 CFR Part 2 can be found at <http://www.samhsa.gov/About/laws.aspx>.
Information about HIPAA can be found at <http://www.hipaa.samhsa.gov/>.

4. RECORDS MANAGEMENT/DOCUMENTATION

- A. A record must be established for each client.
- B. Staff, volunteers, and consultants shall not falsify, amend, or make incorrect entries, or fail to make timely essential entries into the client's record.
- C. Staff, volunteers, and consultants shall follow all federal and state regulations regarding managing client records, including security measures to protect client, employee, volunteer, and consultant information from identity theft.

5. FRAUDULENT CONDUCT

- A. The organization, staff, volunteers, and consultants shall not be involved in the creation or submission of any false or fraudulent claim (e.g., charging a client or third-party payer for a service not performed, to create or subscribe to a false or fraudulent account, certificate, affidavit or proof of loss in writing with the knowledge that these documents may be used to support a claim for payment under an insurance policy).
- B. The organization, staff, volunteers, and consultants shall not bill a third party payer for services already paid for by another third party payer.
- C. The organization, staff, volunteers, and consultants shall not charge clients for services already paid for by a third-party payer.

6. HEALTH, SAFETY AND WELL-BEING

- A. Staff, volunteers, and consultants shall refrain from using any methods that could be considered coercive (i.e., threats, negative labeling, attempts to provoke shame or humiliation) to protect

clients who are in the program from medical and safety issues. They shall report any clear and imminent danger that a client may inflict (serious bodily harm) on himself/herself or other persons, warn any likely victim(s), and notify the authorities.

- B. Staff, volunteers, and consultants shall report instances of child abuse, elder abuse, and threats of suicide or homicide.
- C. Programs that provide housing for clients shall ensure that the facilities are safe and adhere to the spirit of the Department of Mental Health's client housing standards.

7. CLIENT RELATIONSHIP AND RESPECT

- A. Staff, volunteers, and consultants shall respect the fundamental human right of all clients to make decisions, to have opinions, beliefs, and values that they consider in their own best interest.
- B. All clients shall be informed in writing of his or her rights regarding confidentiality.
- C. Staff, volunteers, and consultants shall be open and clear about the nature, extent, probable effectiveness, and cost of services to allow each client to make an informed decision about his/her care (to include informing the clients about the types of recovery support services they will receive).
- D. Staff, volunteers, and consultants shall not discontinue professional services to a client unless:
 - Services have been completed
 - The client requests the discontinuation of services
 - Alternative or replacement services are arranged
 - The client poses a physical threat to himself, others in the program, or others in the community
 - The client disrupts the orderly operation of the recovery support program and/or services
 - The client threatens the physical safety of the facility

Upon discontinuation of services, clients will be referred unless services have been completed.

8. COMPETENCE

- A. Individuals and organizations providing recovery support services shall have the obligation to stay current with the latest knowledge and skills in substance abuse recovery, recovery management, and community resources, including, but not limited to, medical, legal, financial, governmental, vocational, social support, cultural/ ethnic and faith-based.

9. SPIRITUALITY

For many clients, the spiritual awakening that can occur during the recovery process represents a **key factor** in their ability to maintain sobriety. As such, the client's spiritual well-being is as important as his or her physical and mental health. Within the recovery support service arena, a distinction is made between religion and spirituality to protect the religious preference of clients.

- A. It is important that staff, volunteers, and consultants understand the difference between religion and spirituality. Individuals are born with a body, mind, and spirit and all are, therefore, spiritual beings. Religion is an organized system of beliefs, ceremonies, practices, and worship that may center on one God or a number of deities. It involves belief in deity, doctrine of salvation, code of conduct, use of sacred stories, and religious rituals. Whereas, spirituality might involve the search

for meaning, purpose, and truth in life; a set of beliefs and values by which a person lives; or feelings of hope, love, connection, inner peace, comfort, and support.

- B. The organization, professionals, staff and volunteers shall not impose their own religious views on clients whose faith preference is different from their **own** or who have no faith preference. Clients shall not be required to join a particular faith or denomination, attend study sessions that focus on religious documents such as the Bible, Koran, or Torah, and participate in prayer meetings in order to receive recovery support services, except when authorized by the funder.

Violation of Code of Ethics

Recovery support providers who have staff, volunteers, and consultants who are found to be in violation of this code of ethics risk being placed on probation or de-credentialed and may forfeit their ability to secure future contracts with the Missouri Department of Mental Health and other state and federal agencies. The violator's conduct will be reported to the State and will become public record upon the finding of the Board of Ethics by a two-thirds majority that a violation has occurred.

The Board of Ethics shall comprise five representatives including three recovery support providers, one representative from the Missouri Division of Alcohol and Drug Abuse, and one representative from Committed Caring Faith Communities. There will be two alternates.

Subscribing organizations shall be limited to those that provide recovery support services that assist individuals attempting to recover from substance abuse. Said agencies are limited to faith and community-based providers and government institutions and their designees.

Note to CEOs or Executive Directors: Please sign this page on behalf of your organization and return the page with your original signature to CCFC at the address listed below. Keep a signed copy for your records. Each person at your organization who works with clients should sign this page so that it can be included in his/her personnel file at your agency. It is not necessary for everyone in your organization to send a signed copy to CCFC.

Name of Staff, Volunteer, Consultant: _____

Name of Organization: _____

Organization's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Organization's Phone: _____

Staff, Volunteer, Consultant Signature: _____

Date: _____

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